



## New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	X	Forms	
Chapter:	A	Forms	6-25-2012
Subchapter:	1	Forms	
Issuance:	11.2	<b>CP&amp;P Form 11-2, Child's Medical Examination Form</b>	

Double click here to view or print the CP&P Form [11-2](#), Child's Medical Examination Form.

### PURPOSE AND USE

The form is used to:

- provide a permanent record of the child's initial and regular physical examinations, medical treatment, referrals for further medical care and immunizations
- alert the physician to the child's health history
- aid the Case Manager in monitoring and planning adequate health services for the child

### INSTRUCTIONS FOR COMPLETING THE FORM

The form may be printed on yellow paper or obtained from the Office of Facilities and Support Services.

The Case Manager completes the identifying information and the first eight sections. The physician completes part II and, if applicable, page 2 of the form. The physician signs and dates the form.

#### I. Identifying Information

This section is completed by the Case Manager when the information is not known to the physician/pediatric nurse practitioner as recorded on previously completed forms.

##### Child's Name

Enter child's first and last name.

##### NJS ID#

Enter New Jersey SPIRIT case ID number.

##### Birth Date

Enter the child's complete numerical birth date.

### Sex

Check appropriate block.

### Address

Enter the child's complete address.

### Date of Last Examination

Enter the date that the child last received a physical examination.

1. Significant Family Health History Enter relationship to the child and the diagnosis for any family member with a significant health problem.
2. Significant Birth History Enter any unusual birth history for the child that the examiner should be aware of.
3. Developmental History Check appropriate block and list any significant developmental information.
4. Significant Illnesses, Operations, Allergies List any illnesses/operations the child has experienced and the dates. Note any known allergies, particularly those related to medication. Specify any medication the child has taken or is taking. If child has a problem with drugs, note the information here. Enter any reason (religious or otherwise) that prohibits the child from taking medication.
5. Significant Injuries List any significant injuries the child has suffered and the dates they occurred.
6. Immunizations List dates of all immunizations.
7. Tests List dates and results of previously administered tests.
8. Is this to be an EPSDT examination? Check appropriate block.

## **II. Physical Examination**

All sections to be completed by the physician/pediatric nurse practitioner.

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## **III. Suspected Abuse Reporting**

Sections 1, 2, 3, 4 completed by the physician/pediatric nurse practitioner.

## **IV. Sign-Off**

Completed by the physician/pediatric nurse practitioner.

## **DISTRIBUTION**

Original	-	Child's case record
Copy (page 1)	-	Foster parents